

United States Bankruptcy Court
Northern District of Georgia

In re Treasure Hutchinson Ketchum
Thomas Ketchum

Debtor(s)

Case No. 20-71637
Chapter 7

AMENDMENT COVERSHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- 1). Debtor amends Schedule E/F to add unsecured creditor.
- 2). Debtor amends Summary of Schedule to reflect new total.

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Treasure Hutchinson Ketchum
Thomas Ketchum
2892 Golden Club Bend
Austell, GA 30106

US Trustee (via ECF email)
Office of US Trustee
75 Ted Turner Drive SW, Ste 362
Atlanta, GA 30303

S. Gregory Hays (via ECF email)
Chapter 7 Trustee
Suite 555
2964 Peachtree Road, NW
Atlanta, GA 30326

BigBear Restoration
P.O. Box 491
Dallas, GA 30132

Date: 3/17/2021



Vincent Leibbrandt 318178
Attorney for Debtor(s)
The Semrad Law Firm, LLC
235 Peachtree Street NE
Suite 300
Atlanta, GA 30303
678-668-7160 Fax: 877-601-7063
atlcourtdocs@gmail.com

Fill in this information to identify your case:

Debtor 1	Treasure	Hutchinson	Ketchum
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Thomas		Ketchum
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern		District of Georgia (State)
Case number (if known)	20-71637		

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$215,000.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$13,538.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$228,538.00

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$233,857.00
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3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$16,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$97,227.71

Your total liabilities

\$347,084.71

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$3,080.77
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5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i>	\$3,078.64
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Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 4: **Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$609.60

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$16,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$86,071.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. Total. Add lines 9a through 9f.	\$102,071.00

Fill in this information to identify your case:

Debtor 1	Treasure	Hutchinson	Ketchum
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Thomas		Ketchum
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Georgia	
		(State)	
Case number (If known)	20-71637		

Official Form 106E/F

☒ Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims - Amended

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 Georgia Department Of Revenue Priority Creditor's Name 1800 Century Center Blvd Ne Number Street Ste 2225 Atlanta Georgia 30345 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$9,000.00	\$9,000.00	\$0.00

2.2 Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$7,000.00	\$7,000.00	\$0.00
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Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Action Cred		\$150.00
Nonpriority Creditor's Name		Last 4 digits of account number	
110 S Church St		When was the debt incurred?	n/a
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Center Texas 75935		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.2	BigBear Restoration		\$1,192.71
Nonpriority Creditor's Name		Last 4 digits of account number	-STR
P.O. Box 491		When was the debt incurred?	11/02/2020
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Dallas Georgia 30132		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer Debt	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.3	Capital One Bank Usa N		\$470.00
Nonpriority Creditor's Name		Last 4 digits of account number	7436
P.O. Box 85520		When was the debt incurred?	9/2015
Number Street		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Richmond Virginia 23285		Type of NONPRIORITY unsecured claim:	
City State Zip Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim relates to a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Last 4 digits of account number	When was the debt incurred?	Total claim
4.4	Capital One Bank Usa N Nonpriority Creditor's Name P.O. Box 85520 Number Street Richmond Virginia 23285 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	9594	12/2019	\$336.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
4.5	Capital One Bank Usa N Nonpriority Creditor's Name P.O. Box 85520 Number Street Richmond Virginia 23285 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	7952	11/2009	\$0.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
4.6	Feb-Retail Nonpriority Creditor's Name 3175 Commercial Ave Number Street Ste 201 Northbrook Illinois 60062 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0006	10/2014	\$0.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			

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Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Last 4 digits of account number	When was the debt incurred?	Total claim
4.7	Fed Loan Serv Nonpriority Creditor's Name P.O. Box 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0007	1/2017	\$86,071.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.8	Fed Loan Serv Nonpriority Creditor's Name P.O. Box 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0002	7/2001	\$0.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
4.9	Fed Loan Serv Nonpriority Creditor's Name P.O. Box 69184 Number Street Harrisburg Pennsylvania 17106 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0001	4/1989	\$0.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

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Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	Fed Loan Serv	Last 4 digits of account number	0003	\$0.00
	Nonpriority Creditor's Name			
	P.O. Box 69184	When was the debt incurred?	4/2014	
	Number Street			
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.11	Fed Loan Serv	Last 4 digits of account number	0006	\$0.00
	Nonpriority Creditor's Name			
	P.O. Box 69184	When was the debt incurred?	11/2014	
	Number Street			
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

4.12	Fed Loan Serv	Last 4 digits of account number	0005	\$0.00
	Nonpriority Creditor's Name			
	P.O. Box 69184	When was the debt incurred?	11/2014	
	Number Street			
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input type="checkbox"/> Other. Specify _____				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input checked="" type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

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Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Last 4 digits of account number	When was the debt incurred?	Total claim
4.13	First Premier Bank Nonpriority Creditor's Name 601 S Minnesota Ave Number Street Sioux Falls South Dakota 57104 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	0628	1/2020	\$765.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
4.14	I.c. System, Inc Nonpriority Creditor's Name PO BOX 64378 Number Street SAINT PAUL Minnesota 55164 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	9440	6/2020	\$211.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>001 Collection; Collecting for ORIGINAL CREDITOR: ATT U-VERSE</u>			
4.15	Loud Security Systems, Inc Nonpriority Creditor's Name 975 Cobb Place Blvd. Number Street Ste. 317 Kennesaw Georgia 30144 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		n/a	\$1,534.00
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u>			

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	Merrick Bk Nonpriority Creditor's Name 10705 S Jordan Gateway Suite 200 Number Street South Jordan Utah 84095 City State Zip Code	Last 4 digits of account number <u>0606</u> When was the debt incurred? <u>1/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.17	MOREHOUSE ED Nonpriority Creditor's Name PO BOX 3176 WINSTON Number Street SALEM North Carolina 27102 City State Zip Code	Last 4 digits of account number <u>R17A</u> When was the debt incurred? <u>5/1989</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.18	Nelnet Lns Nonpriority Creditor's Name 3015 S Parker Rd Suite 400 Number Street Aurora Colorado 80014 City State Zip Code	Last 4 digits of account number <u>8174</u> When was the debt incurred? <u>5/2001</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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TAX

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.19	<p><u>Nelnet Lns</u> Nonpriority Creditor's Name <u>3015 S Parker Rd Suite 400</u> Number Street</p> <p><u>Aurora</u> <u>Colorado</u> <u>80014</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8074</u></p> <p>When was the debt incurred? <u>5/2001</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____</p>	\$0.00
4.20	<p><u>Peachtree Immediate Care</u> Nonpriority Creditor's Name <u>3720 Holcomb Bridge Rd</u> Number Street</p> <p><u>Peachtree Cor</u> <u>Georgia</u> <u>30092</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u></p>	\$94.00
4.21	<p><u>Propath</u> Nonpriority Creditor's Name <u>P.O. Box 660811</u> Number Street</p> <p><u>Dallas</u> <u>Texas</u> <u>75266</u> City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>n/a</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u></p>	\$365.00

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.22	Quantum Radiology Nonpriority Creditor's Name P.O. Box 742625 Number Street Atlanta Georgia 30374 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>n/a</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Other</u>	\$26.00
4.23	Regfinga Nonpriority Creditor's Name 2768 Cumberland Blvd Se Number Street Smyrna Georgia 30080 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8301</u> When was the debt incurred? <u>7/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>17 InstallmentLoan</u>	\$1,889.00
4.24	Regfinga Nonpriority Creditor's Name 2768 Cumberland Blvd Se Number Street Smyrna Georgia 30080 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6149</u> When was the debt incurred? <u>8/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>17 InstallmentLoan</u>	\$1,805.00

TAK

TAK

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	Regfinga	Last 4 digits of account number	6209	\$0.00
	Nonpriority Creditor's Name			
	2768 Cumberland Blvd Se		When was the debt incurred?	9/2018
	Number Street			
	As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>15 InstallmentLoan</u>		
	Smyrna Georgia 30080			
	City State Zip Code			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim relates to a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.26	Regfinga	Last 4 digits of account number	0648	\$0.00
	Nonpriority Creditor's Name			
	2768 Cumberland Blvd Se		When was the debt incurred?	12/2018
	Number Street			
	As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>17 InstallmentLoan</u>		
	Smyrna Georgia 30080			
	City State Zip Code			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim relates to a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

4.27	Regfinga	Last 4 digits of account number	5416	\$0.00
	Nonpriority Creditor's Name			
	2768 Cumberland Blvd Se		When was the debt incurred?	10/2019
	Number Street			
	As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>17 InstallmentLoan</u>		
	Smyrna Georgia 30080			
	City State Zip Code			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim relates to a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

TAK

TAK

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.28	Regfinga	Last 4 digits of account number <u>6796</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? <u>7/2020</u>	
	2768 Cumberland Blvd Se		
	Number Street		
	Smyrna Georgia 30080	As of the date you file, the claim is: Check all that apply.	
	City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>13 InstallmentLoan</u>	
	<input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.29	Republic Finance	Last 4 digits of account number <u>6712</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? <u>3/2016</u>	
	4450 Hugh Howell Rd Ste 15		
	Number Street		
	Tucker Georgia 30084	As of the date you file, the claim is: Check all that apply.	
	City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>030 InstallmentLoan</u>	
	<input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.30	Republic Finance	Last 4 digits of account number <u>2412</u>	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? <u>3/2016</u>	
	4450 Hugh Howell Rd Ste 15		
	Number Street		
	Tucker Georgia 30084	As of the date you file, the claim is: Check all that apply.	
	City State Zip Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>018 InstallmentLoan</u>	
	<input type="checkbox"/> Check if this claim relates to a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

TAK

TAK

Case number (if known) 20-71637

TAX

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.34	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Wellstar Health System</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Nonpriority Creditor's Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">805 Sandy Plains Road</div> <div style="display: flex; justify-content: space-between;"> Number Street </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Marietta Georgia 30066 </div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">When was the debt incurred? n/a</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Other </p>	\$1,038.00
4.35	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Wellstar Health System</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Nonpriority Creditor's Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">805 Sandy Plains Road</div> <div style="display: flex; justify-content: space-between;"> Number Street </div> <div style="border-bottom: 1px solid black; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Marietta Georgia 30066 </div> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last 4 digits of account number</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">When was the debt incurred? n/a</div> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Other </p>	\$88.00

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
 First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Internal Revenue Service - Atl
 Name

401 W Peachtree St. NW, Stop 334-D
 Number Street

Atlanta Georgia 30308
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Office Of The United States Trustee
 Name

75 Ted Turner Dr Sw
 Number Street

Atlanta Georgia 30303
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Special Assistant U.S. Attorney
 Name

401 W. Peachtree Street, NW, STOP 1000-D, Suite 600
 Number Street

Atlanta Georgia 30308
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Department Of Justice, Tax Division
 Name

75 Ted Turner Drive Sw
 Number Street

Atlanta Georgia 30303
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Office Of The Attorney General - Atlanta
 Name

40 Capitol Sq Sw
 Number Street

Atlanta Georgia 30334
 City State Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

TXX

TXX

Debtor 1 Treasure Hutchinson Ketchum Case number (if known) 20-71637
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$16,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$16,000.00</u>

		Total claims
Total claims from Part 2	6f. Student loans	6f. <u>\$86,071.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <u>\$11,156.71</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$97,227.71</u>

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TAX

Fill in this information to identify your case:

Debtor 1	Treasure	Hutchinson	Ketchum
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Thomas		Ketchum
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia
			(State)
Case number (if known)	20-71637		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules - Amended

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Thomas Ketchum

Signature of Debtor 1

Date 03/16/2021
MM/DD/YYYY

X

Thomas Ketchum

Signature of Debtor 2

Date 03/16/2021
MM/DD/YYYY

THK

TAK

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:	{	CHAPTER 7
	{	
TREASURE HUTCHINSON KETCHUM	{	CASE NO. 20-71637
THOMAS KETCHUM	{	
	{	
Debtor	{	HON. PAUL M. BAISIER

CERTIFICATE OF SERVICE

I hereby certify that I am more than 18 years of age and that I have this day served a copy of the attached Amendment upon the following by depositing a copy of the same in U.S. Mail with sufficient postage affixed thereon to ensure delivery:

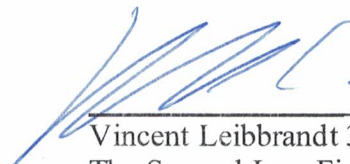
Treasure Hutchinson Ketchum
Thomas Ketchum
2892 Golden Club Bend
Austell, GA 30106

Office of the United States Trustee
362 Richard Russell Building
75 Ted Turner Drive, SW
Atlanta, GA 30303

BigBear Restoration
P.O. Box 491
Dallas, GA 30132

I further certify that, by agreement of parties, S. Gregory Hays, Chapter 7 Trustee, and United States Trustee, were served via ECF.

This 17th day of March 2021.



Vincent Leibbrandt 318178
The Semrad Law Firm, LLC
235 Peachtree Street NE
Suite 300
Atlanta, GA 30303
(678) 668-7160

Attorney for Debtor

SUPPLEMENTAL CREDITOR MATRIX

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